

(2) by inserting after subsection (b) the following new subsection (c):

“(c) **PROVISION OF COUNSELING THROUGH VET CENTERS.**—Bereavement counseling may be provided under this section through the facilities and personnel of centers for the provision of readjustment counseling and related mental health services under section 1712A of this title.”.

SEC. 4. FUNDING FOR VET CENTER PROGRAM.

There is authorized to be appropriated to the Department of Veterans Affairs for fiscal year 2006, \$180,000,000 for the provision of readjustment counseling and related mental health services through centers under section 1712A of title 38, United States Code, including for the discharge of the requirements of this Act (and the amendments made by this Act).

VETERANS HEALTH CARE ACT OF 2005

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 284, S. 1182.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1182) to amend title 38, United States Code, to improve health care for veterans, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Veterans' Affairs, with an amendment.

[Strike the part shown in black brackets and insert the part shown in italic.]

S. 1182

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; REFERENCES TO TITLE 38, UNITED STATES CODE.

[(a) **SHORT TITLE.**—This Act may be cited as the “Veterans Health Care Act of 2005”.

[(b) **REFERENCES.**—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment or repeal to a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

SEC. 2. COPAYMENT EXEMPTION FOR HOSPICE CARE.

[Section 1710 is amended—

[(1) in subsection (f)(1), by inserting “(other than hospice care)” after “nursing home care”; and

[(2) in subsection (g)(1), by inserting “(other than hospice care)” after “medical services”.

SEC. 3. NURSING HOME BED LEVELS; EXEMPTION FROM EXTENDED CARE SERVICES COPAYMENTS FOR FORMER POWS.

[Section 1710B is amended—

[(1) by striking subsection (b);

[(2) by redesignating subsections (c) through (e) as subsections (b) through (d), respectively; and

[(3) in subsection (b)(2), as redesignated—

[(A) by redesignating subparagraphs (B) and (C) as subparagraphs (C) and (D), respectively; and

[(B) by inserting after subparagraph (A) the following:

[(B) to a veteran who is a former prisoner of war;”.

SEC. 4. REIMBURSEMENT FOR CERTAIN VETERANS' OUTSTANDING EMERGENCY TREATMENT EXPENSES.

[(a) **IN GENERAL.**—Subchapter III of chapter 17 is amended by inserting after section 1725 the following:

“§ 1725A. Reimbursement for emergency treatment expenses for which certain veterans remain personally liable

[(a)(1) Subject to subsection (c), the Secretary may reimburse a veteran described in subsection (b) for expenses resulting from emergency treatment furnished to the veteran in a non-Department facility for which the veteran remains personally liable.

[(2) In any case in which reimbursement is authorized under subsection (a)(1), the Secretary, in the Secretary's discretion, may, in lieu of reimbursing the veteran, make payment—

[(A) to a hospital or other health care provider that furnished the treatment; or

[(B) to the person or organization that paid for such treatment on behalf of the veteran.

[(b) A veteran referred to in subsection (a) is an individual who—

[(1) is enrolled in the health care system established under section 1705(a) of this title;

[(2) received care under this chapter during the 24-month period preceding the furnishing of such emergency treatment; and

[(3) is entitled to care or services under a health-plan contract that partially reimburses the cost of the veteran's emergency treatment;

[(4) is financially liable to the provider of emergency care treatment for costs not covered by the veteran's health-plan contract, including copayments and deductibles; and

[(5) is not eligible for reimbursement for medical care or services under section 1725 or 1728 of this title.

[(c)(1) Any amount paid by the Secretary under subsection (a) shall exclude the amount of any payment the veteran would have been required to make to the United States under this chapter if the veteran had received the emergency treatment from the Department.

[(2) The Secretary may not provide reimbursement under this section with respect to any item or service—

[(A) provided or for which payment has been made, or can reasonably be expected to be made, under the veteran's health-plan contract; or

[(B) for which payment has been made or can reasonably be expected to be made by a third party.

[(3)(A) Payment by the Secretary under this section on behalf of a veteran to a provider of emergency treatment shall, unless rejected and refunded by the provider within 30 days of receipt, extinguish any liability on the part of the veteran for that treatment.

[(B) The absence of a contract or agreement between the Secretary and the provider, any provision of a contract or agreement, or an assignment to the contrary shall not operate to modify, limit, or negate the requirement under subparagraph (A).

[(4) In accordance with regulations prescribed by the Secretary, the Secretary shall—

[(A) establish criteria for determining the amount of reimbursement (which may include a maximum amount) payable under this section; and

[(B) delineate the circumstances under which such payment may be made, including requirements for requesting reimbursement.

[(d)(1) In accordance with regulations prescribed by the Secretary, the United States shall have the independent right to recover any amount paid under this section if, and to the extent that, a third party sub-

sequently makes a payment for the same emergency treatment.

[(2) Any amount paid by the United States to the veteran, the veteran's personal representative, successor, dependents, or survivors, or to any other person or organization paying for such treatment shall constitute a lien in favor of the United States against any recovery the payee subsequently receives from a third party for the same treatment.

[(3) Any amount paid by the United States to the provider that furnished the veteran's emergency treatment shall constitute a lien against any subsequent amount the provider receives from a third party for the same emergency treatment for which the United States made payment.

[(4) The veteran or the veteran's personal representative, successor, dependents, or survivors shall—

[(A) ensure that the Secretary is promptly notified of any payment received from any third party for emergency treatment furnished to the veteran;

[(B) immediately forward all documents relating to a payment described in subparagraph (A);

[(C) cooperate with the Secretary in an investigation of a payment described in subparagraph (A); and

[(D) assist the Secretary in enforcing the United States right to recover any payment made under subsection (c)(3).

[(e) The Secretary may waive recovery of a payment made to a veteran under this section that is otherwise required under subsection (d)(1) if the Secretary determines that such waiver would be in the best interest of the United States, as defined by regulations prescribed by the Secretary.

[(f) For purposes of this section—

[(1) the term ‘health-plan contract’ includes—

[(A) an insurance policy or contract, medical or hospital service agreement, membership or subscription contract, or similar arrangement, under which health services for individuals are provided or the expenses of such services are paid;

[(B) an insurance program described in section 1811 of the Social Security Act (42 U.S.C. 1395c) or established by section 1831 of that Act (42 U.S.C. 1395j);

[(C) a State plan for medical assistance approved under title XIX of such Act (42 U.S.C. 1396 et seq.); and

[(D) a workers' compensation law or plan described in section 1729(A)(2)(B) of this title;

[(2) the term ‘third party’ means—

[(A) a Federal entity;

[(B) a State or political subdivision of a State;

[(C) an employer or an employer's insurance carrier; and

[(D) a person or entity obligated to provide, or pay the expenses of, such emergency treatment; and

[(3) the term ‘emergency treatment’ has the meaning given such term in section 1725 of this title.”.

[(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1725 the following:

“Sec. 1725A. Reimbursement for emergency treatment expenses for which certain veterans remain personally liable.”.

SEC. 5. CARE FOR NEWBORN CHILDREN OF WOMEN VETERANS RECEIVING MATERNITY CARE.

[(a) **IN GENERAL.**—Subchapter VIII of chapter 17 is amended by adding at the end the following:

["§ 1786. Care for newborn children of women veterans receiving maternity care

["The Secretary may furnish care to a newborn child of a woman veteran, who is receiving maternity care furnished by the Department, for not more than 14 days after the birth of the child if the veteran delivered the child in a Department facility or in another facility pursuant to a Department contract for the delivery services."]

[(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1785 the following:

["Sec. 1786. Care for newborn children of women veterans receiving maternity care."]

[(SEC. 6. ENHANCEMENT OF PAYER PROVISIONS FOR HEALTH CARE FURNISHED TO CERTAIN CHILDREN OF VIETNAM VETERANS.

[(a) HEALTH CARE FOR SPINA BIFIDA AND ASSOCIATED DISABILITIES.—Section 1803 is amended—

[(1) by redesignating subsection (c) as subsection (d); and

[(2) by inserting after subsection (b) the following:

["(c)(1) If a payment made by the Secretary for health care under this section is less than the amount billed for such health care, the health care provider or agent of the health care provider may, in accordance with paragraphs (2) through (4), seek payment for the difference between the amount billed and the amount paid by the Secretary from a responsible third party to the extent that the provider or agent would be eligible to receive payment for such health care from such third party.

["(2) The health care provider or agent may not impose any additional charge on the beneficiary who received the health care, or the family of such beneficiary, for any service or item for which the Secretary has made payment under this section;

["(3) The total amount of payment a health care provider or agent may receive for health care furnished under this section may not exceed the amount billed to the Secretary.

["(4) The Secretary, upon request, shall disclose to such third party information received for the purposes of carrying out this section."]

[(b) HEALTH CARE FOR BIRTH DEFECTS AND ASSOCIATED DISABILITIES.—Section 1813 is amended—

[(1) by redesignating subsection (c) as subsection (d); and

[(2) by inserting after subsection (b) the following:

["(c)(1) If payment made by the Secretary for health care under this section is less than the amount billed for such health care, the health care provider or agent of the health care provider may, in accordance with paragraphs (2) through (4), seek payment for the difference between the amount billed and the amount paid by the Secretary from a responsible third party to the extent that the provider or agent would be eligible to receive payment for such health care from such third party.

["(2) The health care provider or agent may not impose any additional charge on the beneficiary who received health care, or the family of such beneficiary, for any service or item for which the Secretary has made payment under this section;

["(3) The total amount of payment a health care provider or agent may receive for health care furnished under this section may not exceed the amount billed to the Secretary; and

["(4) The Secretary, upon request, shall disclose to such third party information re-

ceived for the purposes of carrying out this section."]

[(SEC. 7. IMPROVEMENTS TO HOMELESS PROVIDERS GRANT AND PER DIEM PROGRAM.

[(a) PERMANENT AUTHORITY.—Section 2011 (a) is amended—

[(1) in paragraph (1), by striking "(1)"; and

[(2) by striking paragraph (2).

[(b) AUTHORIZATION OF APPROPRIATIONS.—

Section 2013 is amended to read as follows:

["§ 2013. Authorization of appropriations

["There are authorized to be appropriated \$130,000,000 for fiscal year 2006 and each subsequent fiscal year to carry out this subchapter."]

[(SEC. 8. MARRIAGE AND FAMILY THERAPISTS.

[(a) QUALIFICATIONS.—Section 7402(b) is amended—

[(1) by redesignating paragraph (10) as paragraph (11); and

[(2) by inserting after paragraph (9) the following:

["(10) MARRIAGE AND FAMILY THERAPIST.—To be eligible to be appointed to a marriage and family therapist position, a person must—

["(A) hold a master's degree in marriage and family therapy, or a comparable degree in mental health, from a college or university approved by the Secretary; and

["(B) be licensed or certified to independently practice marriage and family therapy in a State, except that the Secretary may waive the requirement of licensure or certification for an individual marriage and family therapist for a reasonable period of time recommended by the Under Secretary for Health."]

[(b) REPORT ON MARRIAGE AND FAMILY THERAPY WORKLOAD.—

[(1) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, the Under Secretary for Health, Department of Veterans Affairs, shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the provisions of post-traumatic stress disorder treatment by marriage and family therapists.

[(2) CONTENTS.—The report submitted under paragraph (1) shall include—

[(A) the actual and projected workloads in facilities of the Veterans Readjustment Counseling Service and the Veterans Health Administration for the provision of marriage and family counseling for veterans diagnosed with, or otherwise in need of treatment for, post-traumatic stress disorder;

[(B) the resources available and needed to support the workload projections described in subparagraph (A);

[(C) an assessment by the Under Secretary for Health of the effectiveness of treatment by marriage and family therapists; and

[(D) recommendations, if any, for improvements in the provision of such counseling treatment.

[(SEC. 9. PAY COMPARABILITY FOR CHIEF NURSING OFFICER, OFFICE OF NURSING SERVICES.

[Section 7404 is amended—

[(1) in subsection (d), by striking "subchapter III" and inserting "paragraph (e), subchapter III,"; and

[(2) by adding at the end the following:

["(e) The position of Chief Nursing Officer, Office of Nursing Services, shall be exempt from the provisions of section 7451 of this title and shall be paid at a rate not to exceed the maximum rate established for the Senior Executive Service under section 5382 of title 5 United States Code, as determined by the Secretary."]

[(SEC. 10. REPEAL OF COST COMPARISON STUDIES PROHIBITION.

[Section 8110(a) is amended—

[(1) by striking paragraph (5); and

[(2) by redesignating paragraph (6) as paragraph (5).

[(SEC. 11. IMPROVEMENTS AND EXPANSION OF MENTAL HEALTH SERVICES.

[(a) IN GENERAL.—The Secretary of Veterans Affairs shall—

[(1) expand the number of clinical treatment teams principally dedicated to the treatment of post-traumatic stress disorder in medical facilities of the Department of Veterans Affairs;

[(2) expand and improve the services available to diagnose and treat substance abuse;

[(3) expand and improve tele-health initiatives to provide better access to mental health services in areas of the country in which the Secretary determines that a need for such services exist due to the distance of such locations from an appropriate facility of the Department of Veterans Affairs;

[(4) improve education programs available to primary care delivery professionals and dedicate such programs to recognize, treat, and clinically manage veterans with mental health care needs;

[(5) expand the delivery of mental health services in community-based outpatient clinics of the Department of Veterans Affairs in which such services are not available as of the date of enactment of this Act; and

[(6) expand and improve the Mental Health Intensive Case Management Teams for the treatment and clinical case management of veterans with serious or chronic mental illness.

[(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated in each of fiscal years 2006 and 2007, \$95,000,000 to improve and expand the treatment services and options available to veterans in need of mental health treatment from the Department of Veterans Affairs, of which—

[(1) \$5,000,000 shall be allocated to carry out subsection (a)(1);

[(2) \$50,000,000 shall be allocated to carry out subsection (a)(2);

[(3) \$10,000,000 shall be allocated to carry out subsection (a)(3);

[(4) \$1,000,000 shall be allocated to carry out subsection (a)(4);

[(5) \$20,000,000 shall be allocated to carry out subsection (a)(5); and

[(6) \$5,000,000 shall be allocated to carry out subsection (a)(6).

[(SEC. 12. DATA SHARING IMPROVEMENTS.

[Notwithstanding any other provision of law, the Department of Veterans Affairs and the Department of Defense may exchange protected health information for—

[(1) patients receiving treatment from the Department of Veterans Affairs; or

[(2) individuals who may receive treatment from the Department of Veterans Affairs in the future, including all current and former members of the Armed Services.

[(SEC. 13. EXPANSION OF NATIONAL GUARD OUTREACH PROGRAM.

[(a) REQUIREMENT.—The Secretary of Veterans Affairs shall expand the total number of personnel employed by the Department of Veterans Affairs as part of the Readjustment Counseling Service's Global War on Terrorism Outreach Program (referred to in this section as the "Program").

[(b) COORDINATION.—In carrying out subsection (a), the Secretary shall coordinate participation in the Program by appropriate employees of the Veterans Benefits Administration and the Veterans Health Administration.

[(c) INFORMATION AND ASSESSMENTS.—The Secretary shall ensure that—

[(1) all appropriate health, education, and benefits information is available to returning members of the National Guard; and

[(2) proper assessments of the needs in each of these areas is made by the Department of Veterans Affairs.

[(d) **COLLABORATION.**—The Secretary of Veterans Affairs shall collaborate with appropriate State National Guard officials and provide such officials with any assets or services of the Department of Veterans Affairs that the Secretary determines to be necessary to carry out the Global War on Terrorism Outreach Program.

[SEC. 14. EXPANSION OF TELE-HEALTH SERVICES.

[(a) **IN GENERAL.**—The Secretary shall increase the number of Veterans Readjustment Counseling Service facilities capable of providing health services and counseling through tele-health linkages with facilities of the Veterans Health Administration.

[(b) **PLAN.**—The Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan to implement the requirement under subsection (a), which shall describe the facilities that will have such capabilities at the end of each of fiscal years 2005, 2006, and 2007.

[SEC. 15. MENTAL HEALTH DATA SOURCES REPORT.

[(a) **IN GENERAL.**—Not less than 180 days after the date of enactment of this Act, the Secretary of Veterans Affairs shall submit a report to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives describing the mental health data maintained by the Department of Veterans Affairs.

[(b) **CONTENTS.**—The report submitted under subsection (a) shall include—

[(1) a comprehensive list of the sources of all such data, including the geographic locations of facilities of the Department of Veterans Affairs maintaining such data;

[(2) an assessment of the limitations or advantages to maintaining the current data configuration and locations; and

[(3) any recommendations, if any, for improving the collection, use, and location of mental health data maintained by the Department of Veterans Affairs.]

SECTION 1. SHORT TITLE; REFERENCES TO TITLE 38, UNITED STATES CODE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the "Veterans Health Care Act of 2005".

(b) **REFERENCES.**—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment or repeal to a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

(c) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; references to title 38, United States Code; table of contents.

Sec. 2. Care for newborn children of women veterans receiving maternity care.

Sec. 3. Enhancement of payer provisions for health care furnished to certain children of Vietnam veterans.

Sec. 4. Improvements to homeless veterans service providers programs.

Sec. 5. Additional mental health providers.

Sec. 6. Pay comparability for Chief Nursing Officer, Office of Nursing Services.

Sec. 7. Repeal of cost comparison studies prohibition.

Sec. 8. Improvements and expansion of mental health services.

Sec. 9. Data sharing improvements.

Sec. 10. Expansion of National Guard Outreach Program.

Sec. 11. Expansion of tele-health services.

Sec. 12. Mental health data sources report.

Sec. 13. Strategic plan for long-term care.

Sec. 14. Blind rehabilitation outpatient specialists.

Sec. 15. Compliance report.

Sec. 16. Health care and services for veterans affected by Hurricane Katrina.

Sec. 17. Reimbursement for certain veterans' outstanding emergency treatment expenses.

SEC. 2. CARE FOR NEWBORN CHILDREN OF WOMEN VETERANS RECEIVING MATERNITY CARE.

(a) **IN GENERAL.**—Subchapter VIII of chapter 17 is amended by adding at the end the following:

"§ 1786. Care for newborn children of women veterans receiving maternity care

"The Secretary may furnish care to a newborn child of a woman veteran, who is receiving maternity care furnished by the Department, for not more than 14 days after the birth of the child if the veteran delivered the child in a Department facility or in another facility pursuant to a Department contract for the delivery services."

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1785 the following:

"Sec. 1786. Care for newborn children of women veterans receiving maternity care."

SEC. 3. ENHANCEMENT OF PAYER PROVISIONS FOR HEALTH CARE FURNISHED TO CERTAIN CHILDREN OF VIETNAM VETERANS.

(a) **HEALTH CARE FOR SPINA BIFIDA AND ASSOCIATED DISABILITIES.**—Section 1803 is amended—

(1) by redesignating subsection (c) as subsection (d); and

(2) by inserting after subsection (b) the following:

"(c)(1) If a payment made by the Secretary for health care under this section is less than the amount billed for such health care, the health care provider or agent of the health care provider may, in accordance with paragraphs (2) through (4), seek payment for the difference between the amount billed and the amount paid by the Secretary from a responsible third party to the extent that the provider or agent would be eligible to receive payment for such health care from such third party.

"(2) The health care provider or agent may not impose any additional charge on the beneficiary who received the health care, or the family of such beneficiary, for any service or item for which the Secretary has made payment under this section.

"(3) The total amount of payment a health care provider or agent may receive for health care furnished under this section may not exceed the amount billed to the Secretary.

"(4) The Secretary, upon request, shall disclose to such third party information received for the purposes of carrying out this section."

(b) **HEALTH CARE FOR BIRTH DEFECTS AND ASSOCIATED DISABILITIES.**—Section 1813 is amended—

(1) by redesignating subsection (c) as subsection (d); and

(2) by inserting after subsection (b) the following:

"(c)(1) If payment made by the Secretary for health care under this section is less than the amount billed for such health care, the health care provider or agent of the health care provider may, in accordance with paragraphs (2) through (4), seek payment for the difference between the amount billed and the amount paid by the Secretary from a responsible third party to the extent that the provider or agent would be eligible to receive payment for such health care from such third party.

"(2) The health care provider or agent may not impose any additional charge on the beneficiary who received health care, or the family of such beneficiary, for any service or item for

which the Secretary has made payment under this section.

"(3) The total amount of payment a health care provider or agent may receive for health care furnished under this section may not exceed the amount billed to the Secretary.

"(4) The Secretary, upon request, shall disclose to such third party information received for the purposes of carrying out this section."

SEC. 4. IMPROVEMENTS TO HOMELESS VETERANS SERVICE PROVIDERS PROGRAMS.

(a) **PERMANENT AUTHORITY.**—Section 2011 (a) is amended—

(1) in paragraph (1), by striking "(1)"; and

(2) by striking paragraph (2).

(b) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **COMPREHENSIVE SERVICE PROGRAMS FOR HOMELESS VETERANS.**—Section 2013 is amended to read as follows:

"§ 2013. Authorization of appropriations

"There are authorized to be appropriated \$130,000,000 for fiscal year 2006 and each subsequent fiscal year to carry out this subchapter."

(2) **HOMELESS VETERAN SERVICE PROVIDER TECHNICAL ASSISTANCE PROGRAM.**—Section 2064(b) is amended to read as follows:

"(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated \$1,000,000 for each of fiscal years 2006 through 2011 to carry out the programs under this section."

SEC. 5. ADDITIONAL MENTAL HEALTH PROVIDERS.

(a) **QUALIFICATIONS.**—Section 7402(b) is amended—

(1) by redesignating paragraph (10) as paragraph (12); and

(2) by inserting after paragraph (9) the following:

"(10) MARRIAGE AND FAMILY THERAPIST.—To be eligible to be appointed to a marriage and family therapist position, a person shall—

"(A) hold a master's degree in marriage and family therapy, or a comparable degree in mental health, from a college or university approved by the Secretary; and

"(B) be licensed or certified to independently practice marriage and family therapy in a State, except that the Secretary may waive the requirement of licensure or certification for an individual marriage and family therapist for a reasonable period of time recommended by the Under Secretary for Health.

"(11) LICENSED PROFESSIONAL MENTAL HEALTH COUNSELORS.—To be eligible to be appointed to a licensed professional mental health counselor position, a person shall—

"(A) hold a master's degree in mental health counseling, or a related field, from a college or university approved by the Secretary; and

"(B) be licensed or certified to independently practice mental health counseling."

(b) **REPORT ON MARRIAGE AND FAMILY THERAPY WORKLOAD.**—

(1) **IN GENERAL.**—Not later than 90 days after the date of enactment of this Act, the Under Secretary for Health, Department of Veterans Affairs, shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the provisions of post-traumatic stress disorder treatment by marriage and family therapists.

(2) **CONTENTS.**—The report submitted under paragraph (1) shall include—

(A) the actual and projected workloads in facilities of the Veterans Readjustment Counseling Service and the Veterans Health Administration for the provision of marriage and family counseling for veterans diagnosed with, or otherwise in need of treatment for, post-traumatic stress disorder;

(B) the resources available and needed to support the workload projections described in subparagraph (A);

(C) an assessment by the Under Secretary for Health of the effectiveness of treatment by marriage and family therapists; and

(D) recommendations, if any, for improvements in the provision of such counseling treatment.

SEC. 6. PAY COMPARABILITY FOR CHIEF NURSING OFFICER, OFFICE OF NURSING SERVICES.

Section 7404 is amended—

(1) in subsection (d), by striking “subchapter III and in” and inserting “subsection (e), subchapter III, and”; and

(2) by adding at the end the following:

“(e) The position of Chief Nursing Officer, Office of Nursing Services, shall be exempt from the provisions of section 7451 of this title and shall be paid at a rate not to exceed the maximum rate established for the Senior Executive Service under section 5382 of title 5 United States Code, as determined by the Secretary.”.

SEC. 7. REPEAL OF COST COMPARISON STUDIES PROHIBITION.

Section 8110(a) is amended—

(1) by striking paragraph (5); and

(2) by redesignating paragraph (6) as paragraph (5).

SEC. 8. IMPROVEMENTS AND EXPANSION OF MENTAL HEALTH SERVICES.

(a) FINDINGS.—Congress makes the following findings:

(1) Mental health treatment capacity at community-based outpatient clinics remains inadequate and inconsistent, despite the requirement under section 1706(c) of title 38, United States Code, that every primary care health care facility of the Department of Veterans Affairs develop and carry out a plan to meet the mental health care needs of veterans who require such services.

(2) In 2001, the minority staff of the Committee on Veterans' Affairs of the Senate conducted a survey of community-based outpatient clinics and found that there was no established system-wide baseline of acceptable mental health service levels at such clinics.

(3) In February 2005, the Government Accountability Office reported that the Department of Veterans Affairs had not fully met any of the 24 clinical care and education recommendations made in 2004 by the Special Committee on Post-Traumatic Stress Disorder of the Under Secretary for Health, Veterans Health Administration.

(b) CLINICAL SERVICES AND EDUCATION.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall—

(A) expand the number of clinical treatment teams principally dedicated to the treatment of post-traumatic stress disorder in medical facilities of the Department of Veterans Affairs;

(B) expand and improve the services available to diagnose and treat substance abuse;

(C) expand and improve tele-health initiatives to provide better access to mental health services in areas of the country in which the Secretary determines that a need for such services exist due to the distance of such locations from an appropriate facility of the Department of Veterans Affairs;

(D) improve education programs available to primary care delivery professionals and dedicate such programs to recognize, treat, and clinically manage veterans with mental health care needs;

(E) expand the delivery of mental health services in community-based outpatient clinics of the Department of Veterans Affairs in which such services are not available as of the date of enactment of this Act; and

(F) expand and improve the Mental Health Intensive Case Management Teams for the treatment and clinical case management of veterans with serious or chronic mental illness.

(2) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated \$95,000,000 in each of fiscal years 2006 and 2007 to improve and expand the treatment services and options available to veterans in need of mental health treatment from the Department of Veterans Affairs, of which—

(A) \$5,000,000 shall be allocated to carry out paragraph (1)(A);

(B) \$50,000,000 shall be allocated to carry out paragraph (1)(B);

(C) \$10,000,000 shall be allocated to carry out paragraph (1)(C);

(D) \$1,000,000 shall be allocated to carry out paragraph (1)(D);

(E) \$20,000,000 shall be allocated to carry out paragraph (1)(E); and

(F) \$5,000,000 shall be allocated to carry out paragraph (1)(F).

(c) REQUIRED CAPACITY FOR COMMUNITY-BASED OUTPATIENT CLINICS.—

(1) ACCOUNTABILITY FOR THE PROVISION OF MENTAL HEALTH SERVICES.—The Under Secretary shall take appropriate steps and provide necessary incentives (including appropriate performance incentives) to ensure that each Regional Director of the Veterans Health Administration is encouraged to—

(A) prioritize the provision of mental health services to veterans in need of such services;

(B) foster collaborative working environments among clinicians for the provision of mental health services; and

(C) conduct mental health consultations during primary care appointments.

(2) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—

(A) IN GENERAL.—The Secretary shall ensure that each community-based outpatient clinic of the Department has the capacity to provide, or monitor the provision of, mental health services to enrolled veterans in need of such services.

(B) SETTINGS.—In carrying out subparagraph (A), the Secretary shall ensure that mental health services are provided through—

(i) a community-based outpatient clinic of the Department by an employee of the Department;

(ii) referral to another facility of the Department;

(iii) contract with an appropriate mental health professional in the local community; or

(iv) tele-mental health service.

(3) REPORTING REQUIREMENT.—Not later than January 31, 2008, the Secretary of Veterans Affairs shall submit a report to Congress that—

(A) describes the status and availability of mental health services at community-based outpatient clinics;

(B) describes the substance of services available at such clinics; and

(C) includes the ratios between mental health staff and patients at such clinics.

(d) COOPERATION ON MENTAL HEALTH AWARENESS AND PREVENTION.—

(1) AGREEMENT.—The Secretary of Defense and the Secretary of Veterans Affairs shall enter into a Memorandum of Understanding—

(A) to ensure that separating service members receive standardized individual mental health and sexual trauma assessments as part of separation exams; and

(B) that includes the development of shared guidelines on how to conduct the assessments.

(2) ESTABLISHMENT OF JOINT VETERANS AFFAIRS-DEPARTMENT OF DEFENSE WORKGROUP ON MENTAL HEALTH.—

(A) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary of Defense and the Secretary of Veterans Affairs shall establish a joint workgroup on mental health, which shall be comprised of not less than 7 leaders in the field of mental health appointed from their respective departments.

(B) STUDY.—Not later than 1 year after the establishment of the workgroup under subparagraph (A), the workgroup shall analyze the feasibility, content, and scope of initiatives related to—

(i) combating stigmas and prejudices associated with service members who suffer from mental health disorders or readjustment issues, through the use of peer counseling programs or other educational initiatives;

(ii) ways in which the Department of Veterans Affairs can make their expertise in treating

mental health disorders more readily available to Department of Defense mental health care providers;

(iii) family and spousal education to assist family members of veterans and service members to recognize and deal with signs of potential readjustment issues or other mental health disorders; and

(iv) the seamless transition of service members who have been diagnosed with mental health disorders from active duty to veteran status (in consultation with the Seamless Transition Task Force and other entities assisting in this effort).

(C) REPORT.—Not later than June 30, 2007, the Secretary of Defense and the Secretary of Veterans Affairs shall submit a report to Congress containing the findings and recommendations of the workgroup established under this paragraph.

(e) PRIMARY CARE CONSULTATIONS FOR MENTAL HEALTH.—

(1) GUIDELINES.—The Under Secretary for Health, Veterans Health Administration, shall establish systemwide guidelines for screening primary care patients for mental health disorders and illnesses.

(2) TRAINING.—Based upon the guidelines established under paragraph (1), the Under Secretary for Health, Veterans Health Administration, shall conduct appropriate training for clinicians of the Department of Veterans Affairs to carry out mental health consultations.

(f) CLINICAL TRAINING AND PROTOCOLS.—

(1) FINDINGS.—Congress finds that—

(A) the Iraq War Clinician Guide has tremendous value; and

(B) the Secretary of Defense and the National Center on Post Traumatic Stress Disorder should continue to work together to ensure that the mental health care needs of servicemembers and veterans are met.

(2) COLLABORATION.—The National Center on Post Traumatic Stress Disorder shall collaborate with the Secretary of Defense—

(A) to enhance the clinical skills of military clinicians through training, treatment protocols, web-based interventions, and the development of evidence-based interventions; and

(B) to promote pre-deployment resilience and post-deployment readjustment among servicemembers serving in Operation Iraqi Freedom and Operation Enduring Freedom.

(3) TRAINING.—The National Center on Post Traumatic Stress Disorder shall work with the Secretary of Defense to ensure that clinicians in the Department of Defense are provided with the training and protocols developed pursuant to paragraph (2)(A).

(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated \$2,000,000 for 2006 to carry out this subsection.

SEC. 9. DATA SHARING IMPROVEMENTS.

Notwithstanding any other provision of law, the Department of Veterans Affairs and the Department of Defense may exchange protected health information for—

(1) patients receiving treatment from the Department of Veterans Affairs; or

(2) individuals who may receive treatment from the Department of Veterans Affairs in the future, including all current and former members of the armed services.

SEC. 10. EXPANSION OF NATIONAL GUARD OUTREACH PROGRAM.

(a) REQUIREMENT.—The Secretary of Veterans Affairs shall expand the total number of personnel employed by the Department of Veterans Affairs as part of the Readjustment Counseling Service's Global War on Terrorism Outreach Program (referred to in this section as the “Program”).

(b) COORDINATION.—In carrying out subsection (a), the Secretary shall coordinate participation in the Program by appropriate employees of the Veterans Benefits Administration and the Veterans Health Administration.

(c) INFORMATION AND ASSESSMENTS.—The Secretary shall ensure that—

(1) all appropriate health, education, and benefits information is available to returning members of the National Guard; and

(2) proper assessments of the needs in each of these areas is made by the Department of Veterans Affairs.

(d) **COLLABORATION.**—The Secretary of Veterans Affairs shall collaborate with appropriate State National Guard officials and provide such officials with any assets or services of the Department of Veterans Affairs that the Secretary determines to be necessary to carry out the Global War on Terrorism Outreach Program.

SEC. 11. EXPANSION OF TELE-HEALTH SERVICES.

(a) **IN GENERAL.**—The Secretary shall increase the number of Veterans Readjustment Counseling Service facilities capable of providing health services and counseling through telehealth linkages with facilities of the Veterans Health Administration.

(b) **PLAN.**—The Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan to implement the requirement under subsection (a), which shall describe the facilities that will have such capabilities at the end of each of fiscal years 2005, 2006, and 2007.

SEC. 12. MENTAL HEALTH DATA SOURCES REPORT.

(a) **IN GENERAL.**—Not less than 180 days after the date of enactment of this Act, the Secretary of Veterans Affairs shall submit a report to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives describing the mental health data maintained by the Department of Veterans Affairs.

(b) **CONTENTS.**—The report submitted under subsection (a) shall include—

(1) a comprehensive list of the sources of all such data, including the geographic locations of facilities of the Department of Veterans Affairs maintaining such data;

(2) an assessment of the limitations or advantages to maintaining the current data configuration and locations; and

(3) any recommendations, if any, for improving the collection, use, and location of mental health data maintained by the Department of Veterans Affairs.

SEC. 13. STRATEGIC PLAN FOR LONG-TERM CARE.

(a) **PUBLICATION.**—Not later than 180 days after the date of enactment of this Act, the Secretary of Veterans Affairs shall publish a strategic plan for long-term care.

(b) **CONTENTS.**—The plan published under subsection (a) shall—

(1) contain policies and strategies for—

(A) the delivery of care in domiciliaries, residential treatment facilities, and nursing homes, and for seriously mentally ill veterans;

(B) maximizing the use of State veterans homes;

(C) locating domiciliary units as close to patient populations as feasible; and

(D) identifying freestanding nursing homes as an acceptable care model;

(2) include data on—

(A) the care of catastrophically disabled veterans; and

(B) the geographic distribution of catastrophically disabled veterans;

(3) address the spectrum of noninstitutional long-term care options, including—

(A) respite care;

(B) home-based primary care;

(C) geriatric evaluation;

(D) adult day health care;

(E) skilled home health care; and

(F) community residential care; and

(4) provide—

(A) cost and quality comparison analyses of all the different levels of care;

(B) detailed information about geographic distribution of services and gaps in care; and

(C) specific plans for working with Medicare, Medicaid, and private insurance companies to expand care.

SEC. 14. BLIND REHABILITATION OUTPATIENT SPECIALISTS.

(a) **FINDINGS.**—Congress makes the following findings:

(1) There are approximately 135,000 blind veterans throughout the United States, including approximately 35,000 who are enrolled with the Department of Veterans Affairs. An aging veteran population and injuries incurred in Operation Iraqi Freedom and Operation Enduring Freedom are increasing the number of blind veterans.

(2) Since 1996, when the Department of Veterans Affairs hired its first 14 blind rehabilitation outpatient specialists (referred to in this section as "Specialists"), Specialists have been a critical part of the continuum of care for blind and visually impaired veterans.

(3) The Department of Veterans Affairs operates 10 residential blind rehabilitation centers that are considered among the best in the world. These centers have had long waiting lists, with as many as 1,500 blind veterans waiting for openings in 2004.

(4) Specialists provide—

(A) critically needed services to veterans who are unable to attend residential centers or are waiting to enter such a program;

(B) a range of services, including training with living skills, mobility, and adaptation of manual skills; and

(C) pre-admission screening and follow-up care for blind rehabilitation centers.

(5) There are not enough Specialist positions to meet the increased numbers and needs of blind veterans.

(b) **ESTABLISHMENT OF SPECIALIST POSITIONS.**—Not later than 30 months after the date of enactment of this Act, the Secretary of Veterans Affairs shall establish a Specialist position at not fewer than 35 facilities of the Department of Veterans Affairs.

(c) **SELECTION OF FACILITIES.**—In identifying the most appropriate facilities to receive a Specialist position under this section, the Secretary shall—

(1) give priority to facilities with large numbers of enrolled legally blind veterans;

(2) ensure that each facility does not have such a position; and

(3) ensure that each facility is in need of the services of such Specialists.

(d) **COORDINATION.**—The Secretary shall coordinate the provision of blind rehabilitation services for veterans with services for the care of the visually impaired offered by State and local agencies, especially if such State and local agencies can provide similar services to veterans in settings located closer to the residences of such veterans.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section \$3,500,000 for each of the fiscal years 2006 through 2011.

SEC. 15. COMPLIANCE REPORT.

Section 1706(b)(5)(A) is amended by striking "2004" and inserting "2006".

SEC. 16. HEALTH CARE AND SERVICES FOR VETERANS AFFECTED BY HURRICANE KATRINA.

(a) **REQUIREMENT FOR HOSPITAL CARE AND MEDICAL SERVICES FOR PRIORITY 8 VETERANS AFFECTED BY HURRICANE KATRINA.**—

(1) **IN GENERAL.**—Notwithstanding any other provision of law and any notwithstanding any previous decisions made by the Secretary of Veterans Affairs pursuant to chapter 17 of title 38 United States Code, the Secretary shall provide necessary medical and health care services to any veteran affected by Hurricane Katrina as if such veteran was enrolled for care under section 1705 of title 38, United States Code.

(2) **STATUS OF VETERANS.**—For purposes of managing the health care system, as required under section 1705 of title 38, United States Code, a veteran who seeks care under paragraph (1) shall not be considered to be an enrollee of the health care system under such sec-

tion unless the Secretary subsequently designates such a veteran as such an enrollee.

(b) **PROHIBITION ON COLLECTION OF COPAYMENTS FOR VETERANS AFFECTED BY HURRICANE KATRINA.**—In furnishing hospital care and medical services to any veteran affected by Hurricane Katrina, the Secretary shall not collect from, or with respect to, such veteran any payment for such care and services otherwise required under any provision of law, including any copayment for medications otherwise required under section 1722A of title 38, United States Code.

(c) **DEFINITION.**—In this section, the term "veteran affected by Hurricane Katrina" means any veteran who, as of August 29, 2005, resided in the catchment region of the Department of Veterans Affairs medical center in—

(1) New Orleans, Louisiana;

(2) Biloxi, Mississippi; or

(3) Gulfport, Mississippi.

(d) **SUNSET PROVISION.**—The authority under this section shall expire on January 31, 2006.

SEC. 17. REIMBURSEMENT FOR CERTAIN VETERANS' OUTSTANDING EMERGENCY TREATMENT EXPENSES.

(a) **IN GENERAL.**—Subchapter III of chapter 17 is amended by inserting after section 1725 the following:

"§ 1725A. Reimbursement for emergency treatment expenses for which certain veterans remain personally liable

"(a)(1) Subject to subsection (c), the Secretary may reimburse a veteran described in subsection (b) for expenses resulting from emergency treatment furnished to the veteran in a non-Department facility for which the veteran remains personally liable.

"(2) In any case in which reimbursement is authorized under subsection (a)(1), the Secretary, in the Secretary's discretion, may, in lieu of reimbursing the veteran, make payment—

"(A) to a hospital or other health care provider that furnished the treatment; or

"(B) to the person or organization that paid for such treatment on behalf of the veteran.

"(b) A veteran referred to in subsection (a) is an individual who—

"(1) is enrolled in the health care system established under section 1705(a) of this title;

"(2) received care under this chapter during the 24-month period preceding the furnishing of such emergency treatment;

"(3) is entitled to care or services under a health-plan contract that partially reimburses the cost of the veteran's emergency treatment;

"(4) is financially liable to the provider of emergency care treatment for costs not covered by the veteran's health-plan contract, including copayments and deductibles; and

"(5) is not eligible for reimbursement for medical care or services under section 1725 or 1728 of this title.

"(c)(1) Any amount paid by the Secretary under subsection (a) shall exclude the amount of any payment the veteran would have been required to make to the United States under this chapter if the veteran had received the emergency treatment from the Department.

"(2) The Secretary may not provide reimbursement under this section with respect to any item or service—

"(A) provided or for which payment has been made, or can reasonably be expected to be made, under the veteran's health-plan contract; or

"(B) for which payment has been made or can reasonably be expected to be made by a third party.

"(3)(A) Payment by the Secretary under this section on behalf of a veteran to a provider of emergency treatment shall, unless rejected and refunded by the provider within 30 days of receipt, extinguish any liability on the part of the veteran for that treatment.

"(B) The absence of a contract or agreement between the Secretary and the provider, any provision of a contract or agreement, or an assignment to the contrary shall not operate to

modify, limit, or negate the requirement under subparagraph (A).

“(4) In accordance with regulations prescribed by the Secretary, the Secretary shall—

“(A) establish criteria for determining the amount of reimbursement (which may include a maximum amount) payable under this section; and

“(B) delineate the circumstances under which such payment may be made, including requirements for requesting reimbursement.

“(d)(1) In accordance with regulations prescribed by the Secretary, the United States shall have the independent right to recover any amount paid under this section if, and to the extent that, a third party subsequently makes a payment for the same emergency treatment.

“(2) Any amount paid by the United States to the veteran, the veteran's personal representative, successor, dependents, or survivors, or to any other person or organization paying for such treatment shall constitute a lien in favor of the United States against any recovery the payee subsequently receives from a third party for the same treatment.

“(3) Any amount paid by the United States to the provider that furnished the veteran's emergency treatment shall constitute a lien against any subsequent amount the provider receives from a third party for the same emergency treatment for which the United States made payment.

“(4) The veteran or the veteran's personal representative, successor, dependents, or survivors shall—

“(A) ensure that the Secretary is promptly notified of any payment received from any third party for emergency treatment furnished to the veteran;

“(B) immediately forward all documents relating to a payment described in subparagraph (A);

“(C) cooperate with the Secretary in an investigation of a payment described in subparagraph (A); and

“(D) assist the Secretary in enforcing the United States right to recover any payment made under subsection (c)(3).

“(e) The Secretary may waive recovery of a payment made to a veteran under this section that is otherwise required under subsection (d)(1) if the Secretary determines that such waiver would be in the best interest of the United States, as defined by regulations prescribed by the Secretary.

“(f) For purposes of this section—

“(1) the term ‘health-plan contract’ includes—
“(A) an insurance policy or contract, medical or hospital service agreement, membership or subscription contract, or similar arrangement, under which health services for individuals are provided or the expenses of such services are paid;

“(B) an insurance program described in section 1811 of the Social Security Act (42 U.S.C. 1395c) or established by section 1831 of that Act (42 U.S.C. 1395j);

“(C) a State plan for medical assistance approved under title XIX of such Act (42 U.S.C. 1396 et seq.); and

“(D) a workers' compensation law or plan described in section 1729(A)(2)(B) of this title;

“(2) the term ‘third party’ means—

“(A) a Federal entity;

“(B) a State or political subdivision of a State;

“(C) an employer or an employer's insurance carrier; and

“(D) a person or entity obligated to provide, or pay the expenses of, such emergency treatment; and

“(3) the term ‘emergency treatment’ has the meaning given such term in section 1725 of this title.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1725 the following:

“Sec. 1725A. Reimbursement for emergency treatment expenses for which certain veterans remain personally liable.”

Mr. FRIST. Mr. President, I ask unanimous consent that the amendment at the desk be agreed to, the committee-reported amendment, as amended, be agreed to, the bill, as amended, be read a third time and passed, the motions to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD, all en bloc.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 2694) was agreed to.

(The amendment is printed in today's RECORD under “Text of Amendments.”)

The committee-reported amendment in the nature of a substitute, as amended, was agreed to.

The bill (S. 1182), as amended, was read the third time and passed.

WAIVER OF PASSPORT FEES FOR A RELATIVE OF A DECEASED MEMBER OF THE ARMED FORCES

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 279, S. 1184.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1184) to waive the passport fees for a relative of a deceased member of the Armed Forces proceeding abroad to visit the grave of such member or to attend a funeral or memorial service for such member.

There being no objection, the Senate proceeded to consider the bill.

Mr. FRIST. Mr. President, I further ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements related to this measure be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 1184) was read the third time and passed, as follows:

S. 1184

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PASSPORT FEES.

Section 1 of the Act of June 4, 1920 (41 Stat. 750, chapter 223; 22 U.S.C. 214) is amended in the third sentence by striking “or from a widow, child, parent, brother, or sister of a deceased member of the Armed Forces proceeding abroad to visit the grave of such member” and inserting “or from a widow, widower, child, parent, grandparent, brother, or sister of a deceased member of the Armed Forces proceeding abroad to visit the grave of such member or to attend a funeral or memorial service for such member”.

MAKING TECHNICAL CORRECTIONS IN AMENDMENTS MADE BY THE ENERGY POLICY ACT OF 2005

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H.R. 4637, which was received from the House.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 4637) to make certain technical corrections in amendments made by the Energy Policy Act of 2005.

There being no objection, the Senate proceeded to consider the bill.

Mr. FRIST. Mr. President, I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 4637) was read the third time and passed.

REAUTHORIZING THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT PROGRAM

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H.R. 4635, which was received from the House.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 4635) to reauthorize the Temporary Assistance for Needy Families block grant program through March 31, 2006, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. FRIST. Mr. President, I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 4635) was read the third time and passed.

FEDERAL DEPOSIT INSURANCE REFORM CONFORMING AMENDMENTS ACT OF 2005

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H.R. 4636, which was received from the House.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 4636) to enact the technical and conforming amendments necessary to implement the Federal Deposit Insurance Reform Act of 2005, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. FRIST. I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 4636) was read the third time and passed.